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Therese Ouellet

**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

☒ Declaration Submitted with Initial Filing

OR ☐ Declaration
Submitted after
Initial Filing

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TRANSLATIONAL REGULATORY ELEMENTS

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified YES	Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:					
I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.			
60/172,813	12/21/1999				

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DECLARATION

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I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Patent Application
NumberPCT Parent
NumberParent Filing Date
(MM/DD/YYYY)Parent Patent Number
(if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name
OR

Customer or label
Number

☒ List attorney(s) and/or agent(s) name and registration number below

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☐ Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given

Therese

Middle

Family

Ouellet

Suffix

Inventor's
Signature

Date

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☒ ☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor			
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Post Office													
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<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto													

Please type a plus sign (+) inside this box ☒

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor			
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X	X	Additional inventors are being named on supplemental sheet(s) attached hereto											

Please type a plus sign (+) inside this box ☐

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
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Post Office													
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Name of Additional Joint Inventor, if any:										A petition has been filed for this unsigned inventor			
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Residence				State			Country			Citizenship			
Post Office													
Post Office													
City			State			Zip			Country			Applicant Authority	
Additional inventors are being named on supplemental sheet(s) attached hereto													